

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Title::	HUMAN MONOCLONAL ANTIBODIES AGAINST CD20
Attorney Docket Number::	GMI-055
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	71
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Netherlands
Status::	Full Capacity
Given Name::	Jessica
Family Name::	Teeling
City of Residence::	Krommenie
Country of Residence::	Netherlands
Street of mailing address::	Lisdoddelaan 70
City of mailing address::	Krommenie
Country of mailing address::	Netherlands
Postal or Zip Code of mailing address::	1562 SN

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Sigrid  
Family Name:: Ruuls  
City of Residence:: De Bilt  
Country of Residence:: Netherlands  
Street of mailing address:: Hessenweg 121B  
City of mailing address:: De Bilt  
Country of mailing address:: Netherlands  
Postal or Zip Code of mailing address:: 3731 JG

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Martin  
Family Name:: Glennie  
City of Residence:: Southampton  
Country of Residence:: United Kingdom  
Street of mailing address:: 1 Thornhill Road  
City of mailing address:: Southampton  
Country of mailing address:: United Kingdom  
Postal or Zip Code of mailing address:: S016 7AU

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Jan  
Middle Name:: G.J.  
Family Name:: van de Winkel  
City of Residence:: Zeist  
Country of Residence:: Netherlands

Street of mailing address:: Verlengde Slotlaan 80  
City of mailing address:: Zeist  
Country of mailing address:: Netherlands  
Postal or Zip Code of mailing address:: 3707 CK

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Paul  
Family Name:: Parren  
City of Residence:: Odijk  
Country of Residence:: Netherlands  
Street of mailing address:: Werdorperwaard 17  
City of mailing address:: Odijk  
Country of mailing address:: Netherlands  
Postal or Zip Code of mailing address:: 3984 PR

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Denmark  
Status:: Full Capacity  
Given Name:: Jørgen  
Family Name:: Petersen  
City of Residence:: Rungsted Kyst  
Country of Residence:: Denmark  
Street of mailing address:: Solkrogen 6  
City of mailing address:: Rungsted Kyst  
Country of mailing address:: Denmark  
Postal or Zip Code of mailing address:: 2960

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Denmark  
Status:: Full Capacity

Given Name:: Ole  
Family Name:: Baadsgaard  
Name Suffix:: D.M.Sc.  
City of Residence:: Malmø  
Country of Residence:: Sweden  
Street of mailing address:: Kyrkogatan 3  
City of mailing address:: Malmø  
Country of mailing address:: Sweden  
Postal or Zip Code of mailing address:: 21122

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Haichun  
Family Name:: Huang  
City of Residence:: Fremont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 2425 Sueno Way  
City of mailing address:: Fremont  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94539

### **Correspondence Information**

Correspondence Customer Number:: 00959

### **Representative Information**

Representative Customer Number:: 00959

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/419163	10/17/02
This Application	An application claiming the benefit under 35 USC 119(e)	60/460028	04/02/03

### **Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::